VPCH Advisory Committee

September 30, 2019

Attendees:

Emily Hawes, Karen Barber, Heidi Gee, Stephanie Shaw, Greg Tomasulo, Scott Perry, Jeremy Smith, Dr. Richards, Diane Bugbee, Anne Donahue, Michael Sabourin

Medical Director Update: (Dr. Richards)

Dr. Malloy and Dr. Novas-Schmidt is retired, so two new full-time docs on the unit.

Moving back towards having one doctor, one social worker per unit.

Anything the Advisory Committee wants to hear about from Dr. Richards?

Q: who is a member? A: with the new charter, anyone who is here is, wanted to make it more open.

Q: all psychiatrists are female at the moment – how do you deal if someone wants a male? A: Respect that patient's have a preference. If someone really feels strongly, we have other members of the team that are male (psychology, recovery services, etc.). Doctor doesn't need to be the one leading the team. Hasn't been an issue lately.

Q: BR has a unit for LGBTQ, how do we do it here? A: we don't have any special units here. We try to honor unit requests, but it can be really challenging if we open it up to everyone just based on a preference. We have had a situation where a patient thought they were being targeted, so we accommodated it. Wasn't gender but race. So, if there is someone identifying a certain way, we certainly would do everything we could to accommodate them. We don't have an all-female unit, or an all-male unit.

Nursing Update: (Stephanie Shaw)

Staffing update: over the past few months we have faced some pretty substantial staffing issues. Always trying to balance. Covering about 45 FTEs a week for various reasons. We have also seen some internal moving.

Short term planning: D is empty right now, but it is because the wait list is very low for level one beds. Certainly the beds will be filled when needed. Long term: national advertising through USA Today, we've seen a lot of out of state nurse applications.

Safety Council: working on the fall employee safety survey. 45 based questionnaire, surveyed twice in 2018 and now moving to annually. Helps drive some of our organizational planning. Also working on a vision for 2020. Continuing to develop more realistic scenario-base drills based on ProAct principles. Looking to add a medical component. Lastly, exploring the use of restraint chairs, a lot of research about them

being more trauma-informed so the committee is looking at some of the research out there, talking to facilities that use them, looking to put a safe procedure in place, standardized approach.

Pilot silicone cups – safe, reusable drinking vessel for patients and staff. Starting on C/D. (Silipint) Q: how much do they cost? A: the more you buy the less the cost. Paper budget way over budget so this should help.

Gearing up for Annual Competency Days – half a day, happening all next week.

Quality Update: (Jeremy Smith)

See dashboard, attached.

Q: Does having one unit not occupied lead to an increase in EIPs? A: No, it hasn't.

Operations Update: (Heidi Gee)

Facilities Operations Administrator position filled and going very well. Admissions office is back to full staff (5). Business Application Support person is under recruitment.

Going to have a couple construction projects. One in the kitchen, different dish washer. Will remain open, can work around it, will be a bear cave around it. Have a lot of issues with it the past year.

Also replacing the window by staffing to make more ADA compliant. Will be a narrower hallway. Staffing will be temporarily relocated.

Sensory room is offline. There is a foul odor, leeks to the doctor's office on the other side, that's also closed. Low traces of mold shown from air tests so looking into where its coming from. Patients still have access to sensory tools on and off the unit.

Psychology Update: (Greg Tomasulo)

See attached information. Change from consultative service to more direct care in the last 15 months. Psychology also goes to shift report when possible now which has been quite valuable, especially lately with a few patients with some complicated symptoms. Really working to integrate psychology into the team as opposed to just a consultant.

Q: comprehensive psychological assessments – what do you do? A: cognitive testing, personality tests, etc. along with thorough review of records and talking with family, when patient allows. Do not do neuropsychological testing, neither are trained to do so.

DMH: (Karen Barber)

Listening Tours (10) over the summer, now onto Think Tank (5) sessions.

Educating the public on the purpose and limitations of the mental health system of care.

Prepping for legislative session.

CEO: (Emily Hawes)

Starting to look at equipment, furniture, etc. starting to break down. Purchased some new chairs, including rocking chairs in colors besides grey and blue. 2 rockers for A and B and one each for C and D. Will continue to look at other furniture options.

Going through a radio inventory to determine what we need.

Time clock – getting near to actual implementation. Doing some manager trainings. Looking for a November start date for staff.

We expect Joint Commission back by the end of November for a one-day survey. Door closure project was fully completed at the last visit. Steph and I went to a Joint Commission training last week and it was a valuable opportunity. Did receive accreditation, by staffing office.

Spent time reviewing the patient handbook.